

# Work Order ID 146333

Wednesday, May 18, 2016 8:48:29 AM

**\*146333\***

Page 1

Item ID: D4030-041 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Long Basket Assembly (350)  
 Start Date: 5/18/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 6/1/2016 Req'd Qty: 1.00 **\*1\*** Customer:  
 Reference:

Approvals: Process Plan: MLS Date: MAY 18 2016 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                      | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-----------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>                           |                      |         |        |              |               |               |                  |                |
| D4030                          | D                                             |                      |         |        |              |               |               |                  |                |
| 100                            | Pick Kit                                      | 0.00                 |         |        |              |               |               |                  |                |
| <b>*100*</b>                   |                                               |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                          | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                               |                      |         |        |              |               |               |                  |                |
| 110                            | Assemble as per dwg                           | 0.00                 |         |        |              |               |               |                  |                |
| <b>*110*</b>                   |                                               |                      |         |        |              |               |               |                  |                |
| HandFinish                     | Memo                                          | 0.98                 |         |        |              |               |               |                  |                |
| Hand Finishing                 |                                               |                      |         |        |              |               |               |                  |                |
| 120                            | QC5- Inspect part completeness to step on W/O | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   |                                               |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                          | 0.02                 |         |        |              |               |               |                  |                |
| Quality Control                |                                               |                      |         |        |              |               |               |                  |                |

DAS  
6  
9-89

JUN 18 2016

16-06-10

DAS  
9  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                    |  |  |                                                                                                                                                                                                                                        |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin: 5px;"></div> <b>Completed By</b><br><br><b>Lead hand / Supervisor Approval Verification</b><br><br><b>QC / QA Coordinator Approval</b> |  |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                                                                                                                                                                                                        |  |  |
| <b>Root Cause</b><br><br><div style="display: flex;"> <div style="flex: 1;">             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><br><div style="display: flex;"> <div style="flex: 1;">             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> </div> |  | <div style="display: flex;"> <div style="flex: 1;">             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                                                                                                                                                                                                        |  |  |

Wednesday, May 18, 2016 8:48:29 AM

**\*146333\***

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**Accept**

**\*N900040100\***

**Setup Start \*NS1\***

Stop \*NS2\*

**Item Name:** Long Basket Assembly (350)

**Start Date:** 5/18/2016      **Start Qty:** 1.00      **\*1\***

**Cust Item ID:**

**Required Date:** 6/1/2016      **Req'd Qty:** 1.00      **\*1\***

**Customer:**

**Reference:**

**Approvals:**      **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/  
Work Center ID

### Operation Description

### Set Up/ Run Hours

**Tool ID****Tool #**

## Plan Code

**Accept  
Qty**

Reject  
QtyReject  
Number

**Insp.  
Stamp**

130

Identify as per dwg & Stock Location:\_\_\_\_\_ 0.00

0.00

**\*130\***

## Packaging

## Memo

PPP 145601 0.01

0.01

## Packaging

SMB

10/6/2

140

QC21- Final Inspection - Work Order Release

0.00

**\*140\***

QC

## Memo

0.10

## Quality Control

~~RDH~~ No/06/15 / 7A

MLJ JUN 10 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                                                                                    |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : <input type="checkbox"/>                                                                                                                                                   |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |

# Picklist Print

Wednesday, May 18, 2016 8:48:33 AM

Page 1

Work Order ID: 146333

**\*146333\***

Parent Item: D4030-041

**\*D4030-041\***

Parent Item Name: Long Basket Assembly (350)

Start Date: 5/18/2016

Required Date: 6/1/2016

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A new issue DD 10.03.23 verified by:EC IPP Rev:B as per dwg revB DD 10.04.20 verified by:EC IPP Rev:C as per dwg revC DD 10.08.18 verified by:EC IPP Rev D 12.03.27 per NCR12-1239 EC verified by:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status      |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|-------------|
| D2530                           |                        | Manufactured  | No          |                     |                  | 100             | Each               | 0.0000         | 1           | 1            |               |                | D46<br>8-89 |
| <b>*D2530*</b>                  |                        |               |             |                     |                  |                 |                    |                | **          | 144234       |               |                |             |
| Handle Weldment                 |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |             |
| D2535                           |                        | Manufactured  | No          |                     |                  | 100             | Each               | 74.0000        | 2           | 2            |               |                | D46<br>8-89 |
| <b>*D2535*</b>                  |                        |               |             |                     |                  |                 |                    |                | **          |              |               |                |             |
| Spring                          |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |             |

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| ST008    | 74      |          |
| 139657   | 24      |          |
| 143808   | 25      |          |
| 144488   | 25      |          |

|                |  |              |    |  |  |     |      |         |    |   |  |  |             |
|----------------|--|--------------|----|--|--|-----|------|---------|----|---|--|--|-------------|
| D2537          |  | Manufactured | No |  |  | 100 | Each | 57.0000 | 2  | 2 |  |  | D46<br>8-89 |
| <b>*D2537*</b> |  |              |    |  |  |     |      |         | ** |   |  |  |             |
| Bushing        |  |              |    |  |  |     |      |         |    |   |  |  |             |

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| ST008    | 57      |          |
| 141054   | 2       |          |
| 141583   | 55      |          |

|                                |  |              |    |  |  |     |      |        |    |                        |  |  |  |
|--------------------------------|--|--------------|----|--|--|-----|------|--------|----|------------------------|--|--|--|
| D3913-041                      |  | Manufactured | No |  |  | 100 | Each | 0.0000 | 1  | 1                      |  |  |  |
| <b>*D3913-041*</b>             |  |              |    |  |  |     |      |        | ** | 13146334 (12) 11/16/16 |  |  |  |
| Long Basket Base Assembly, 350 |  |              |    |  |  |     |      |        |    |                        |  |  |  |
| D3914-041                      |  | Manufactured | No |  |  | 100 | Each | 0.0000 | 1  | 1                      |  |  |  |
| <b>*D3914-041*</b>             |  |              |    |  |  |     |      |        | ** | 13146335 (12) 11/16/16 |  |  |  |
| Long Basket Lid Assembly (350) |  |              |    |  |  |     |      |        |    |                        |  |  |  |

JUN 08 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                               |                       |                                                                                                                    |  |
|--------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                 | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                |                                               |                       |                                                                                                                    |  |
| Date :                                                       |                          | Step #:                                                                                                                                                                            |                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                               | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                          |                                                                                                                                                                                    |                                                 | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                               |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                               |                       |                                                                                                                    |  |
|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                               |                       |                                                                                                                    |  |
| Root Cause                                                   |                          | FAULT CATEGORY                                                                                                                                                                     |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                               |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | <input type="checkbox"/> | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | <input type="checkbox"/> | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | <input type="checkbox"/> | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | <input type="checkbox"/> | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | <input type="checkbox"/> | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | <input type="checkbox"/> | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | <input type="checkbox"/> | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | <input type="checkbox"/> | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | <input type="checkbox"/> | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | <input type="checkbox"/> | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/>                                                                                                                                     | OTHER : _____                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                               |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | <input type="checkbox"/> | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                               |                       |                                                                                                                    |  |

# Picklist Print

Wednesday, May 18, 2016 8:48:33 AM

Page 2

Work Order ID: 146333

**\*146333\***

Parent Item: D4030-041

**\*D4030-041\***

Parent Item Name: Long Basket Assembly (350)

Start Date: 5/18/2016

Required Date: 6/1/2016

Start Qty: 1.00

Required Qty: 1.00

D3917-3 Manufactured No

100

Each

41.0000

6

6

**\*D3917-3\***

Washer

\*\*

144667x1

D4030-041

Location

Loc Qty

Loc Code

ST058

41

141536

41

5

D3953-3 Manufactured No

100

Each

57.0000

2

2

**\*D3953-3\***

Gas Spring Stud, Lid

\*\*

D4030-041

Location

Loc Qty

Loc Code

ST062

16

141606

16

ST064A

41

144775

41

2

D3953-7 Manufactured No

100

Each

61.0000

2

2

**\*D3953-7\***

Spring Spacer

\*\*

D4030-041

Location

Loc Qty

Loc Code

ST062

18

138972

18

ST064A

43

144665

43

2

D3953-9 Manufactured No

100

Each

15.0000

2

2

**\*D3953-9\***

Gas Spring Washer

\*\*

147022

D4030-041

Location

Loc Qty

Loc Code

ST062

15

141591

15

JUN 08 2016

Wednesday, May 18, 2016 8:48:33 AM

Shop Packet Print

Page 2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                               |                       |                                              |  |
|--------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                 | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                |                                               |                       |                                              |  |
| Date :                                                       |                          | Step #:                                                                                                                                                                            |                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                               | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |                          |                                                                                                                                                                                    |                                                 | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                               |                       | Completed By                                 |  |
|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                               |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                               |                       |                                              |  |
|                                                              |                          |                                                                                                                                                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                               |                       |                                              |  |
| Root Cause                                                   |                          | FAULT CATEGORY                                                                                                                                                                     |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                               |                       |                                              |  |
| Environment <input type="checkbox"/>                         | <input type="checkbox"/> | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |                       |                                              |  |
| Design <input type="checkbox"/>                              | <input type="checkbox"/> | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | <input type="checkbox"/> | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | <input type="checkbox"/> | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | <input type="checkbox"/> | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |                       |                                              |  |
| Material <input type="checkbox"/>                            | <input type="checkbox"/> | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | <input type="checkbox"/> | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | <input type="checkbox"/> | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | <input type="checkbox"/> | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |                       |                                              |  |
| Substation <input type="checkbox"/>                          | <input type="checkbox"/> | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/>                                                                                                                                     | OTHER : _____                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                               |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | <input type="checkbox"/> | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                               |                       |                                              |  |



# Picklist Print

Wednesday, May 18, 2016 8:48:33 AM

Page 3

Work Order ID: 146333

**\*146333\***

Parent Item: D4030-041

**\*D4030-041\***

Parent Item Name: Long Basket Assembly (350)

Start Date: 5/18/2016

Required Date: 6/1/2016

Start Qty: 1.00

Required Qty: 1.00

|                   |              |    |     |      |         |   |   |  |  |  |
|-------------------|--------------|----|-----|------|---------|---|---|--|--|--|
| D3953-17          | Manufactured | No | 100 | Each | 21.0000 | 2 | 2 |  |  |  |
| <b>*D3953-17*</b> |              |    |     |      |         |   |   |  |  |  |
| Gas Spring Spacer |              |    |     |      |         |   |   |  |  |  |

\*\*

145690

DAS  
6  
9-89

| <u>Location</u> | <u>Loc Qty</u> | <u>Loc Code</u> |
|-----------------|----------------|-----------------|
|-----------------|----------------|-----------------|

|        |    |  |
|--------|----|--|
| ST062  | 21 |  |
| 141477 | 5  |  |
| 142705 | 16 |  |

|                    |              |    |     |      |         |   |   |  |  |  |
|--------------------|--------------|----|-----|------|---------|---|---|--|--|--|
| D3953-19           | Manufactured | No | 100 | Each | 22.0000 | 1 | 1 |  |  |  |
| <b>*D3953-19*</b>  |              |    |     |      |         |   |   |  |  |  |
| Gas Spring Bracket |              |    |     |      |         |   |   |  |  |  |

\*\*

DAS  
6  
9-89

| <u>Location</u> | <u>Loc Qty</u> | <u>Loc Code</u> |
|-----------------|----------------|-----------------|
|-----------------|----------------|-----------------|

|        |    |  |
|--------|----|--|
| ST062  | 22 |  |
| 138913 | 22 |  |

|                    |              |    |     |      |         |   |   |  |  |  |
|--------------------|--------------|----|-----|------|---------|---|---|--|--|--|
| D3953-21           | Manufactured | No | 100 | Each | 14.0000 | 1 | 1 |  |  |  |
| <b>*D3953-21*</b>  |              |    |     |      |         |   |   |  |  |  |
| Gas Spring Bracket |              |    |     |      |         |   |   |  |  |  |

\*\*

DAS  
6  
9-89

| <u>Location</u> | <u>Loc Qty</u> | <u>Loc Code</u> |
|-----------------|----------------|-----------------|
|-----------------|----------------|-----------------|

|        |    |  |
|--------|----|--|
| ST063  | 14 |  |
| 139553 | 2  |  |
| 141546 | 12 |  |

|                     |              |    |     |      |         |   |   |  |  |  |
|---------------------|--------------|----|-----|------|---------|---|---|--|--|--|
| D3969-3             | Manufactured | No | 100 | Each | 15.0000 | 1 | 1 |  |  |  |
| <b>*D3969-3*</b>    |              |    |     |      |         |   |   |  |  |  |
| Spring (Basket Lid) |              |    |     |      |         |   |   |  |  |  |

\*\*

DAS  
6  
9-89

| <u>Location</u> | <u>Loc Qty</u> | <u>Loc Code</u> |
|-----------------|----------------|-----------------|
|-----------------|----------------|-----------------|

|        |    |  |
|--------|----|--|
| ST365  | 15 |  |
| 141701 | 5  |  |
| 143820 | 10 |  |

JUN 11 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|--------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|---------------------------------------------|-----------------------------------|---------------------------------------|------------------------------------------------|------------------------------------|--------------------------------|-----------------------------------------------|----------------------------------------|-----------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------------------|------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------------|--------------------------------|----------------------------------------|------------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------------|----------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|---------------------------------|------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------------|---------------|--|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | MRB (QS1042) Approval                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                   | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |

# Picklist Print

Wednesday, May 18, 2016 8:48:33 AM

Page 4

Work Order ID: 146333

**\*146333\***

Parent Item: D4030-041

**\*D4030-041\***

Parent Item Name: Long Basket Assembly (350)

Start Date: 5/18/2016

Required Date: 6/1/2016

Start Qty: 1.00

Required Qty: 1.00

AN3-14A Purchased No

100 Each 103.0000 4 4

**\*AN3-14A\***

Bolt

\*\*

DAS

6

9-89

Location

Loc Qty

Loc Code

over003

80

m134360

30

m134634

50

ST349

23

m133992

23

AN3-16A Purchased No

100 Each 74.0000 2 2

**\*AN3-16A\***

Bolt

\*\*

DAS

6

9-89

Location

Loc Qty

Loc Code

GA

45

117441

45

ST348

29

M133790

29

AN5-17A Purchased No

100 Each 184.0000 4 4

**\*AN5-17A\***

Bolt

\*\*

DAS

6

9-89

Location

Loc Qty

Loc Code

GA

29

117872

29

over003

150

m134606

75

m134762

75

ST337

5

m134055

5

JUN 08 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | MRB (QSI042) Approval                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                   | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |

# Picklist Print

Wednesday, May 18, 2016 8:48:33 AM

Page 5

Work Order ID: 146333

**\*146333\***

Parent Item: D4030-041

**\*D4030-041\***

Parent Item Name: Long Basket Assembly (350)

Start Date: 5/18/2016

Required Date: 6/1/2016

Start Qty: 1.00

Required Qty: 1.00

AN4-12 Purchased No 100 Each 88.0000 3 3

**\*AN4-12\***

Bolt

**\*\***

DAS  
6  
9-89

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| ST338a   | 25      |          |
| m134738  | 25      |          |
| ST344    | 63      |          |
| m133988  | 23      |          |
| m134370  | 40      |          |

AN310-4 Purchased No 100 Each 128.0000 3 3

**\*AN310-4\***

Nut

**\*\***

DAS  
6  
9-89

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| GA       | 25      |          |
| M127815  | 25      |          |
| OVER007  | 49      |          |
| M134180  | 49      |          |
| ST331    | 54      |          |
| M133990  | 4       |          |
| M134762  | 50      |          |

AN310C4 Purchased No 100 Each 108.0000 2 2

**\*AN310C4\***

Nut

**\*\***

JUN 01 2016

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| OVER007  | 30      |          |
| M134370  | 30      |          |
| ST331    | 78      |          |
| M133990  | 28      |          |
| M134762  | 50      |          |

DAS  
6  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date : _____                                                 |                                                | Step #: _____                                                                                                                                                                      |                                                            | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
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| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |

# Picklist Print

Wednesday, May 18, 2016 8:48:33 AM

Page 6

Work Order ID: 146333

**\*146333\***

Parent Item: D4030-041

**\*D4030-041\***

Parent Item Name: Long Basket Assembly (350)

Start Date: 5/18/2016

Required Date: 6/1/2016

Start Qty: 1.00

Required Qty: 1.00

MS21042L3 Purchased No

100 Each 1,712.000 6 6

**\*MS21042L3\***

**\*\***

Nut

| <u>Location</u> | <u>Loc Qty</u> | <u>Loc Code</u> |
|-----------------|----------------|-----------------|
| FP001           | 100            |                 |
| m133790         | 100            |                 |
| GA              | 254            |                 |
| m133790         | 3              |                 |
| m134360         | 251            |                 |
| ST303           | 1358           |                 |
| m134039         | 12             |                 |
| m134360         | 146            |                 |
| m134634         | 600            |                 |
| m134754         | 600            |                 |

DAS  
6  
9-89

MS21042L5 Purchased No

100 Each 601.0000 4 4

**\*MS21042L5\***

**\*\***

Nut

| <u>Location</u> | <u>Loc Qty</u> | <u>Loc Code</u> |
|-----------------|----------------|-----------------|
| GA              | 101            |                 |
| m127813         | 101            |                 |
| OVER007         | 100            |                 |
| m134509         | 100            |                 |
| ST303           | 400            |                 |
| m134055         | 7              |                 |
| m134567         | 93             |                 |
| m134676         | 100            |                 |
| m134762         | 200            |                 |

DAS  
6  
9-89

JUN 08 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       |                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                       |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | MRB (QS1042) Approval |                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                       | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       |                                              |  |
| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                       |                                              |  |



# Picklist Print

Wednesday, May 18, 2016 8:48:33 AM

Page 7

Work Order ID: 146333

**\*146333\***

Parent Item: D4030-041

**\*D4030-041\***

Parent Item Name: Long Basket Assembly (350)

Start Date: 5/18/2016

Required Date: 6/1/2016

Start Qty: 1.00

Required Qty: 1.00

MS24665-151

Purchased

No

100

Each

138.0000

3

3

**\*MS24665-151\***

Cotter Pin

**\*\***

0.00  
0.00  
0.00

Location

Loc Qty

Loc Code

GA

64

m128401

64

ST289

74

m134294

74

MS24665-300

Purchased

No

100

Each

66.0000

2

2

**\*MS24665-300\***

COTTER PIN

**\*\***

0.00  
0.00  
0.00

Location

Loc Qty

Loc Code

GA

28

118234

28

ST288

38

m134738

38

NAS1149F0432P

Purchased

No

100

Each

1,310.000

6

6

**\*NAS1149F0432P\***

WASHER

**\*\***

0.00  
0.00  
0.00

Location

Loc Qty

Loc Code

ST260a

1000

M134502

1000

ST262

189

M133990

189

st268

121

M132677

121

6  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

JUN 01 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                 |                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                             |                                           |                                                                                                                    |                                     |                                           |                                        |                                             |                                   |                                       |                                   |                                   |                                          |                                           |                                  |                                              |                                              |                                                |                                   |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
|--------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|----------------------------------------|---------------------------------------------|-----------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|------------------------------------------|-------------------------------------------|----------------------------------|----------------------------------------------|----------------------------------------------|------------------------------------------------|-----------------------------------|------------------------------------------|----------------------------------|------------------------------------------------|---------------------------------|-------------------------------------------------|--------------------------------|-----------------------------------|-------------------------------------|---------------------------------------------|----------------------------------------|-------------------------------------------|---------------------------------|------------------------------------|-----------------------------------------------|------------------------------------------------------------|----------------------------------------|--------------------------------------|----------------------------------------|----------------------------------------------------------|--------------------------------------|-------------------------------------------|----------------------------------------|--------------------------------|-------------------------------|---------------------------------------------|------------------------------------------|----------------------------------|-------------------------------------|---------------------------------------|------------------------------------------------|-------------------------------------------|---------------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------------------------|-------------------------------------|----------------------------------|---------------------------------|----------------------------------|-------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                 | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                   |                                             |                                           |                                                                                                                    |                                     |                                           |                                        |                                             |                                   |                                       |                                   |                                   |                                          |                                           |                                  |                                              |                                              |                                                |                                   |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Date :                                                       |                                 | Step #:                                                                                                                                                                            |                                        | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                             | MRB (QSI042) Approval                     |                                                                                                                    |                                     |                                           |                                        |                                             |                                   |                                       |                                   |                                   |                                          |                                           |                                  |                                              |                                              |                                                |                                   |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Description Work Order Deviation                             |                                 |                                                                                                                                                                                    |                                        | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                             |                                           | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                     |                                           |                                        |                                             |                                   |                                       |                                   |                                   |                                          |                                           |                                  |                                              |                                              |                                                |                                   |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
|                                                              |                                 |                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                             |                                           |                                                                                                                    |                                     |                                           |                                        |                                             |                                   |                                       |                                   |                                   |                                          |                                           |                                  |                                              |                                              |                                                |                                   |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
|                                                              |                                 |                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                             |                                           |                                                                                                                    |                                     |                                           |                                        |                                             |                                   |                                       |                                   |                                   |                                          |                                           |                                  |                                              |                                              |                                                |                                   |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Root Cause                                                   |                                 | FAULT CATEGORY                                                                                                                                                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                             |                                           |                                                                                                                    |                                     |                                           |                                        |                                             |                                   |                                       |                                   |                                   |                                          |                                           |                                  |                                              |                                              |                                                |                                   |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |
| Environment <input type="checkbox"/>                         | Design <input type="checkbox"/> | Doc/Data <input type="checkbox"/>                                                                                                                                                  | Equip/Tooling <input type="checkbox"/> | Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Material <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | LOA <input type="checkbox"/>                                                                                       | Substation <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/> | Operator <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Supplier <input type="checkbox"/> | Training <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Rushing <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/> | Bending <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | Cracks <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Crushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Set-up <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Contamination <input type="checkbox"/> | Countersink <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Grain <input type="checkbox"/> | Weld <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Off-set <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Part.Lost/Missing <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Drawing <input type="checkbox"/> | Finish <input type="checkbox"/> | Misread <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> |
|                                                              |                                 |                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                             |                                           |                                                                                                                    |                                     |                                           |                                        |                                             |                                   |                                       |                                   |                                   |                                          |                                           |                                  |                                              |                                              | OTHER : <input type="checkbox"/>               |                                   |                                          |                                  |                                                |                                 |                                                 |                                |                                   |                                     |                                             |                                        |                                           |                                 |                                    |                                               |                                                            |                                        |                                      |                                        |                                                          |                                      |                                           |                                        |                                |                               |                                             |                                          |                                  |                                     |                                       |                                                |                                           |                                             |                                               |                                         |                                            |                                     |                                  |                                 |                                  |                                           |

# Picklist Print

Wednesday, May 18, 2016 8:48:33 AM

Page 8

Work Order ID: 146333

**\*146333\***

Parent Item: D4030-041

**\*D4030-041\***

Parent Item Name: Long Basket Assembly (350)

Start Date: 5/18/2016

Required Date: 6/1/2016

Start Qty: 1.00

Required Qty: 1.00

NAS1149F0563P

Purchased

No

100

Each

82.0000

4

4

**\*NAS1149F0563P\***

Washer

**\*\***

D46  
6  
8-89

Location

Loc Qty

Loc Code

ST261

82

m133515

82

4  
8

NAS1149F0332P

Purchased

No

100

Each

2,960.000

8

8

**\*NAS1149F0332P\***

Washer

**\*\***

D46  
6  
8-89

Location

Loc Qty

Loc Code

GA

312

m133709

312

ST262

2648

m134257

648

m134676

2000

8  
2

NAS1149C0432R

Purchased

No

100

Each

1,653.000

2

2

**\*NAS1149C0432R\***

WASHER

**\*\***

D46  
6  
8-89

Location

Loc Qty

Loc Code

GA

1332

m125807

427

m134676

905

ST266

321

m134073

321

2

JUN 11 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



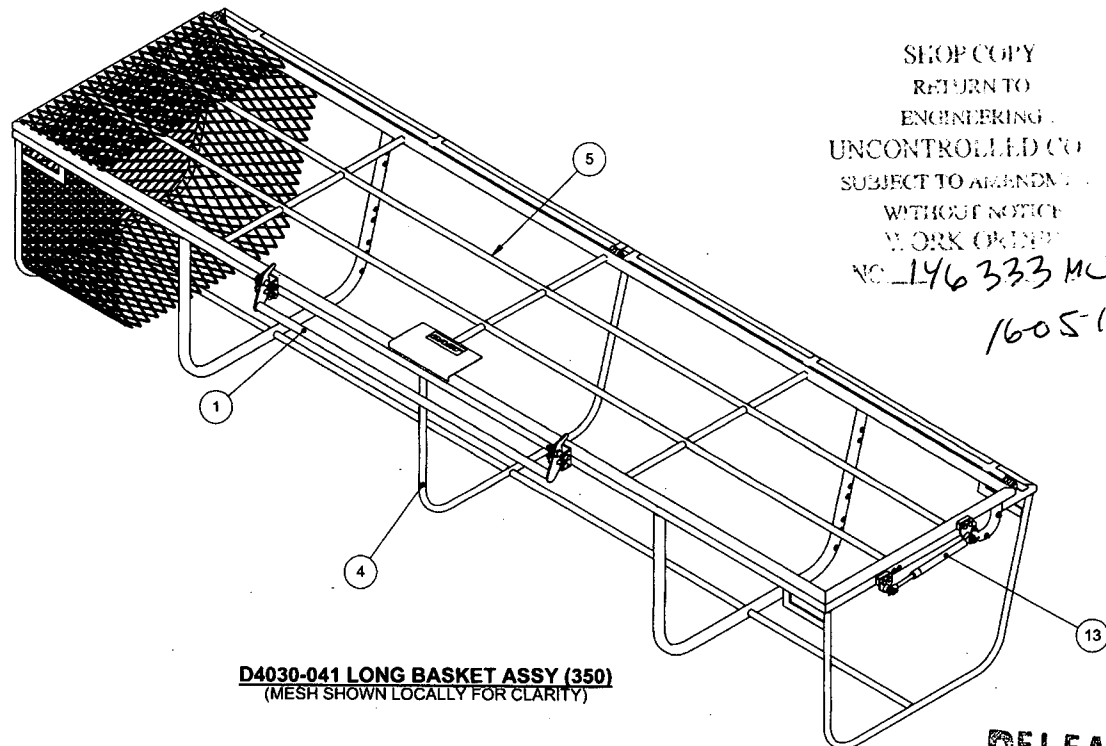
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                     |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | MRB (QS1042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                     |  |  |
| <b>Root Cause</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                     |  |  |

| ITEM | QTY<br>-041 | P/N           | DESCRIPTION                 |
|------|-------------|---------------|-----------------------------|
|      | X           | D4030-041     | LONG BASKET ASSY (350)      |
| 1    | 1           | D2530         | HANDLE WELDMENT             |
| 2    | 2           | D2535         | SPRING                      |
| 3    | 2           | D2537         | BUSHING                     |
| 4    | 1           | D3913-041     | LONG BASKET BASE ASSY (350) |
| 5    | 1           | D3914-041     | LONG BASKET LID ASSY (350)  |
| 6    | 6           | D3917-3       | WASHER                      |
| 7    | 2           | D3953-3       | GAS SPRING STUD, LID        |
| 8    | 2           | D3953-7       | GAS SPRING SPACER           |
| 9    | 2           | D3953-9       | GAS SPRING WASHER           |
| 10   | 2           | D3953-17      | GAS SPRING SPACER           |
| 11   | 1           | D3953-19      | GAS SPRING BRACKET          |
| 12   | 1           | D3953-21      | GAS SPRING BRACKET          |
| 13   | 1           | D3969-3       | SPRING                      |
| 14   | 4           | AN3-14A       | BOLT, MACHINE               |
| 15   | 2           | AN3-16A       | BOLT, MACHINE               |
| 16   | 3           | AN4-12        | BOLT, MACHINE               |
| 17   | 4           | AN5-17A       | BOLT, MACHINE               |
| 18   | 2           | AN310C4       | NUT, PLAIN, CASTELLATED     |
| 19   | 3           | AN310-4       | NUT, PLAIN, CASTELLATED     |
| 20   | 6           | MS21042L3     | NUT, SELF-LOCKING           |
| 21   | 4           | MS21042L5     | NUT, SELF-LOCKING           |
| 22   | 2           | MS24665-300   | COTTER PIN                  |
| 23   | 3           | MS24665-151   | COTTER PIN                  |
| 24   | 2           | NAS1149C0432R | WASHER                      |
| 25   | 6           | NAS1149F0432P | WASHER                      |
| 26   | 8           | NAS1149F0332P | WASHER                      |
| 27   | 4           | NAS1149F0563P | WASHER                      |



**D4030-041 LONG BASKET ASSY (350)**  
(MESH SHOWN LOCALLY FOR CLARITY)

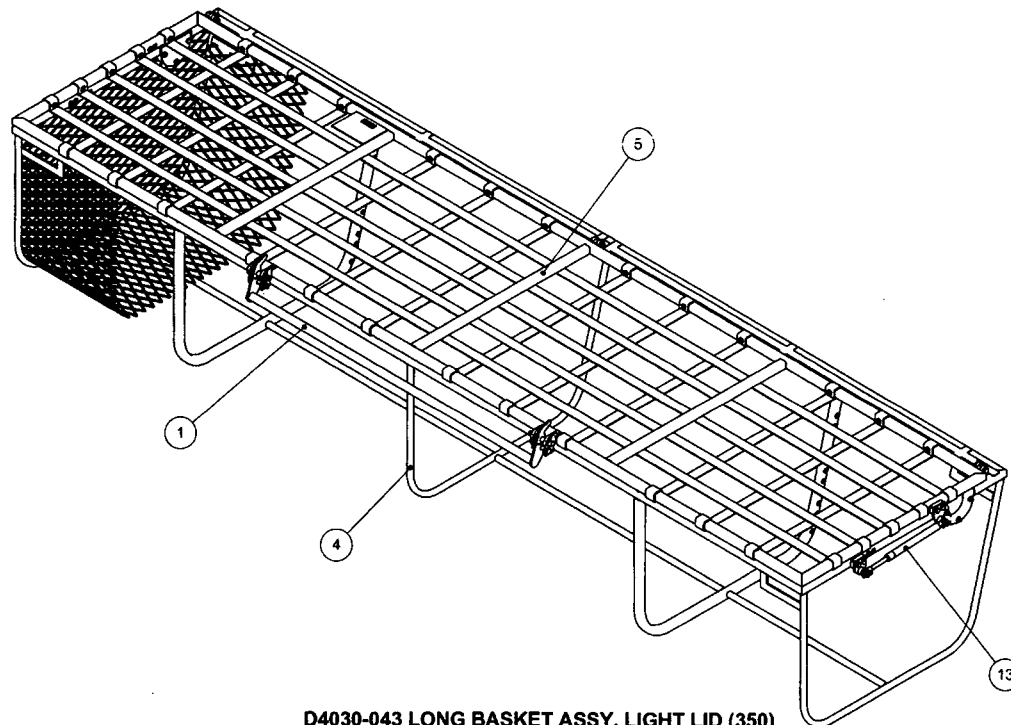
SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO 146333 MJS  
160518

**RELEASED**  
2013-08-16

NOTES:  
1) MATERIAL: N/A  
2) FINISH: NONE  
3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED  
4) UNITS: INCHES UNLESS OTHERWISE NOTED  
5) BREAK SHARP EDGES: N/A  
6) IDENTIFICATION: N/A  
7) WEIGHT: 72 lbs APPROX

|            |                                                                                                                                        |                                                                                                                                                                                                                                                                          |              |
|------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| D          | REFORMAT FOR CLARITY. PICTORIAL UPDATE TO MULTIPLE VIEWS DUE TO CHANGES IN SUB ASSEMBLIES.                                             | AJS                                                                                                                                                                                                                                                                      | 13.07.18     |
| C          | QTY FOR ITEMS #30 & #31 UNDER -043 WERE MISSING (B8-1); QTY FOR ITEM #3 WAS 4 (D8-1), ONLY 2 ARE REQUIRED, AFFECTS SECTION C-C (D3-3). | MB                                                                                                                                                                                                                                                                       | 10.07.23     |
| B          | AN5-21A BOLT WAS AN5-19A: BOM & (D3-3)                                                                                                 | JPH                                                                                                                                                                                                                                                                      | 10.04.06     |
| A          | NEW ISSUE                                                                                                                              | JPH                                                                                                                                                                                                                                                                      | 10.03.16     |
| REV.       | DESCRIPTION                                                                                                                            | BY                                                                                                                                                                                                                                                                       | DATE         |
| DESIGN     | AJS                                                                                                                                    | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                 |              |
| DRAWN      | AJS                                                                                                                                    |                                                                                                                                                                                                                                                                          |              |
| CHECKED    | AJS                                                                                                                                    | DRAWING NO.                                                                                                                                                                                                                                                              | REV. D       |
| MFG. APPR. |                                                                                                                                        | D4030                                                                                                                                                                                                                                                                    | SHEET 1 OF 4 |
| APPROVED   |                                                                                                                                        | TITLE                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   |                                                                                                                                        | LONG BASKET ASSY (350)                                                                                                                                                                                                                                                   | NTS          |
| DATE       | 13.07.18                                                                                                                               | COPYRIGHT © 2010 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |

| ITEM | QTY<br>-043 | P/N           | DESCRIPTION                       |
|------|-------------|---------------|-----------------------------------|
|      | X           | D4030-043     | LONG BASKET ASSY, LIGHT LID (350) |
| 1    | 1           | D2530         | HANDLE WELDMENT                   |
| 2    | 2           | D2535         | SPRING                            |
| 3    | 2           | D2537         | BUSHING                           |
| 4    | 1           | D3913-041     | LONG BASKET BASE ASSY (350)       |
| 5    | 1           | D3915-041     | LIGHT LID ASSY, LONG BASKET       |
| 6    | 6           | D3917-3       | WASHER                            |
| 7    | 2           | D3953-3       | GAS SPRING STUD, LID              |
| 8    | 2           | D3953-7       | GAS SPRING SPACER                 |
| 9    | 2           | D3953-9       | GAS SPRING WASHER                 |
| 10   | 2           | D3953-17      | GAS SPRING SPACER                 |
| 11   | 1           | D3953-19      | GAS SPRING BRACKET                |
| 12   | 1           | D3953-21      | GAS SPRING BRACKET                |
| 13   | 1           | D3969-3       | SPRING                            |
| 14   | 4           | AN3-14A       | BOLT                              |
| 15   | 2           | AN3-20A       | BOLT                              |
| 16   | 3           | AN4-12        | BOLT                              |
| 17   | 2           | AN5-17A       | BOLT                              |
| 18   | 2           | AN5-21A       | BOLT                              |
| 19   | 3           | AN310-4       | NUT, PLAIN, CASTELLATED           |
| 20   | 2           | AN310C4       | NUT, PLAIN, CASTELLATED           |
| 21   | 6           | MS21042L3     | NUT, SELF-LOCKING                 |
| 22   | 4           | MS21042L5     | NUT, SELF-LOCKING                 |
| 23   | 3           | MS24665-151   | COTTER PIN                        |
| 24   | 2           | MS24665-300   | COTTER PIN                        |
| 25   | 6           | NAS1149F0432P | WASHER                            |
| 26   | 4           | NAS1149F0563P | WASHER                            |
| 27   | 8           | NAS1149F0332P | WASHER                            |
| 28   | 2           | NAS1149C0432R | WASHER                            |



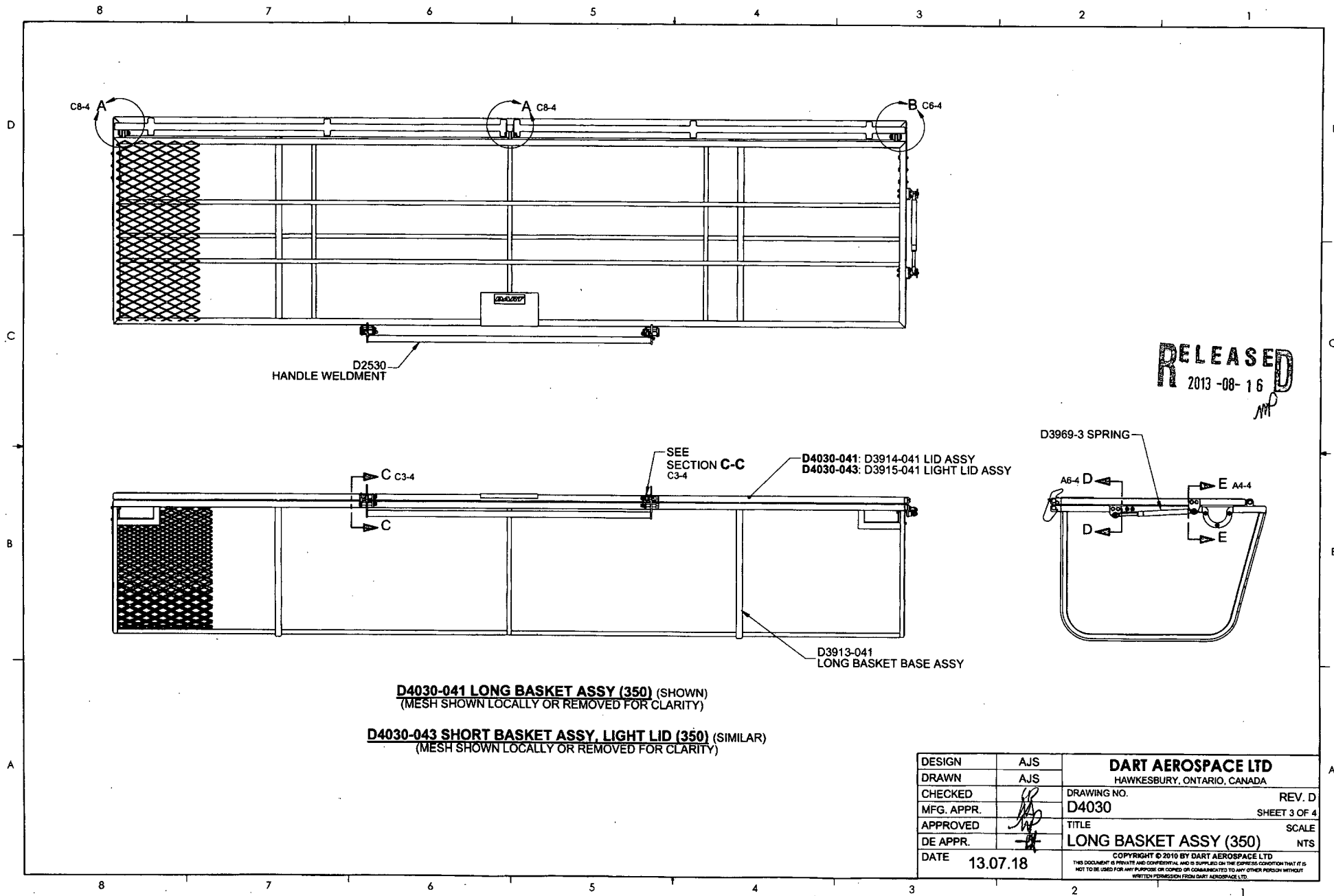
**D4030-043 LONG BASKET ASSY, LIGHT LID (350)**  
(MESH SHOWN LOCALLY FOR CLARITY)

**RELEASED**  
2013-08-16  
*MD*

**NOTES:**

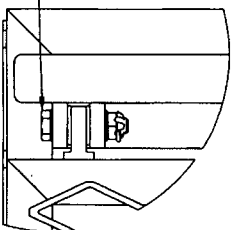
- 1) MATERIAL: N/A
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 57 lbs APPROX

|            |                    |                                                                                                                                                                                                                                                                                                   |              |
|------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AJS                | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                                         |              |
| DRAWN      | AJS                | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                                       |              |
| CHECKED    | <i>[Signature]</i> | DRAWING NO.                                                                                                                                                                                                                                                                                       | REV. D       |
| MFG. APPR. | <i>[Signature]</i> | <b>D4030</b>                                                                                                                                                                                                                                                                                      | SHEET 2 OF 4 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                                             | SCALE        |
| DE APPR.   | <i>[Signature]</i> | <b>LONG BASKET ASSY (350)</b>                                                                                                                                                                                                                                                                     | NTS          |
| DATE       | 13.07.18           | <small>COPYRIGHT © 2010 BY DART AEROSPACE LTD.<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br/>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br/>WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |              |

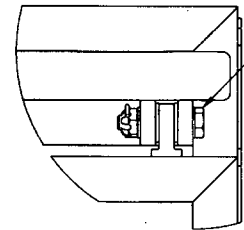


8 7 6 5 4 3 2 1

AN4-12 BOLT, MACHINE  
D3917-3 WASHER, 2X  
NAS1149F0432P WASHER, 2X  
AN310-4 NUT, CASTELLATED  
MS24665-151 COTTER PIN



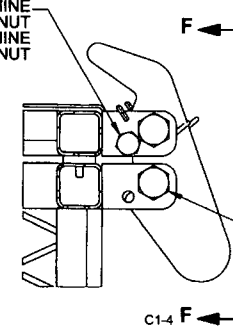
**DETAIL A** D8-3  
D5-3



**DETAIL B** D3-3

AN4-12 BOLT, MACHINE  
D3917-3 WASHER, 2X  
NAS1149F0432P WASHER, 2X  
AN310-4 NUT, CASTELLATED  
MS24665-151 COTTER PIN

D4030-041: AN3-16A BOLT, MACHINE  
MS21042L3 NUT  
D4030-043: AN3-20A BOLT, MACHINE  
MS21042L3 NUT

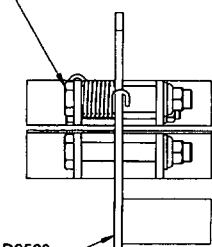


**SECTION C-C** B4-3  
B6-3

D4030-041: AN5-17A BOLT, MACHINE  
D2537 BUSHING  
D2535 SPRING  
NAS1149F0563P WASHER  
MS21042L5 NUT

D4030-043: AN5-21A BOLT, MACHINE  
D2537 BUSHING  
D2535 SPRING  
NAS1149F0563P WASHER  
MS21042L5 NUT

AN5-17A BOLT, MACHINE  
NAS1149F0563P WASHER  
MS21042L5 NUT



D2530  
HANDLE WELDMENT  
REF

**VIEW F-F** C3-4

D3953-17 GAS SPRING SPACER  
D3953-21 GAS SPRING BRACKET  
AN3-14A BOLT, MACHINE  
NAS1149F0332P WASHER, 2X  
MS21042L3 NUT  
2 PL

D3953-3 GAS SPRING STUD, LID  
D3953-7 GAS SPRING SPACER  
D3953-9 GAS SPRING SPACER  
NAS1149C0432R WASHER  
AN310C4 NUT, CASTELLATED  
MS24665-300 COTTER PIN

D3969-3 SPRING  
REF

**SECTION D-D** B2-3

D3953-17 GAS SPRING SPACER  
D3953-19 GAS SPRING BRACKET  
AN3-14A BOLT, MACHINE  
NAS1149F0332P WASHER, 2X  
MS21042L3 NUT  
2 PL

D3953-3 GAS SPRING STUD, LID  
D3953-7 GAS SPRING SPACER  
D3953-9 GAS SPRING SPACER  
NAS1149C0432R WASHER  
AN310C4 NUT, CASTELLATED  
MS24665-300 COTTER PIN

D3969-3 SPRING  
REF

**SECTION E-E** B1-3

**RELEASED**  
2013-08-16  
MD

|            |                    |                                                                                                                                                                                                                                                                                        |              |
|------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AJS                | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                               |              |
| DRAWN      | AJS                |                                                                                                                                                                                                                                                                                        |              |
| CHECKED    | <i>[Signature]</i> | DRAWING NO.                                                                                                                                                                                                                                                                            | REV. D       |
| MFG. APPR. | <i>[Signature]</i> | D4030                                                                                                                                                                                                                                                                                  | SHEET 4 OF 4 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                                  | SCALE        |
| DE APPR.   | <i>[Signature]</i> | LONG BASKET ASSY (350)                                                                                                                                                                                                                                                                 | NTS          |
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